

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: PEPTIDES CAPABLE OF MODULATING THE  
FUNCTION OF CD66 (CEACAM) FAMILY  
MEMBERS

Attorney Docket Number:: 284.00010101

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 19

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Keith  
Middle Name:: M.  
Family Name:: Skubitz  
Name Suffix::  
City of Residence:: Edina  
State or Province of Residence:: Minnesota  
Country of Residence:: US  
Street of Mailing Address:: 6704 Cahill Road  
City of Mailing Address:: Edina  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55439-1309

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Amy  
Middle Name:: P.N.  
Family Name:: Skubitz  
Name Suffix::  
City of Residence:: Edina  
State or Province of Residence:: Minnesota  
Country of Residence:: US  
Street of Mailing Address:: 6704 Cahill Road  
City of Mailing Address:: Edina  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55439-1309

**Correspondence Information**

Correspondence Customer Number:: 26813

Name Line One:: Ann M. Mueting  
Street of Mailing Address:: P.O. Box 581415  
City of Mailing Address:: Minneapolis  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 55458-1415

Phone Number:: (612) 305-1220  
Fax Number:: (612) 305-1228  
E-Mail Address::

**Representative Information**

Representative Customer Number::	26813	
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**OR**

Representative Designation::	Registration Number::	Representative Name::

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US00/23482	08/26/00
PCT/US00/23482	Non-Provisional of	60/150,791	08/26/99
PCT/US00/23482	Non-Provisional of	60/152,501	02/09/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::